Specialty: Geriatric Medicine

GMC: WOS/417

Deanery sponsoring programme: West of Scotland
Postgraduate Dean: Dr Alastair McGowan
Responsible Associate Dean/GP Director: Dr David Marshall

Programme Type -
- Deanery-based or National: Deanery
- Specialty or Sub-specialty: Specialty

Date of GMC recent approval: January 2008 (unconditional)
Associated Royal College / Faculty: The Joint Royal Colleges of Physicians Training Board (JRCPTB)

Web address: [http://www.jrcptb.org.uk/Specialty/Pages/default.aspx](http://www.jrcptb.org.uk/Specialty/Pages/default.aspx)

Date programme information last updated: June 2010

Recognised Programme Locations and Environments
This programme involves placements in some or all of these Health Boards and hospitals:
West of Scotland – placements in Glasgow hospitals and Lanarkshire, Ayrshire and Argyll & Clyde:
- Royal Infirmary Group, Glasgow
- Western Infirmary and Gartnavel General Group, Glasgow
- Southern General Group, Glasgow
- Victoria Infirmary Group, Glasgow
- Hairmyres, East Kilbride
- Forth Valley Royal Hospital, Larbert
- Monklands, Airdrie
- Wishaw General, Wishaw
- Crosshouse, Kilmarnock
- Ayr Hospital / Biggart Hospital
- Royal Alexandra Hospital, Paisley
- Vale of Leven District General Hospital, Alexandria
- Inverclyde, Greenock

Programme Director: Jennifer M A Burns

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Programme Description

1 a. What particular specialty learning opportunities does this program provide e.g. sub-specialty exposure, especially those which are not available elsewhere?

The five year training programme is designed to deliver comprehensive exposure to all aspects of Geriatric Medicine combined with General Internal Medicine allowing more than adequate opportunity to CCT in both specialties. The Training Programme traditionally starts with a year in General Internal Medicine consolidating on those competencies...
and skills attained at ST1 and ST2 level. The Trainee then typically spends two years in Geriatric Medicine covering the whole range of the curriculum with subspecialty exposure to acute stroke/stroke rehabilitation, out patient assessment in a variety of Units many of whom offer thrombolysis for acute stroke or are developing these treatments. Trainees will also experience subspecialty exposure to falls assessment &syncope clinics, acute orthopaedic rehabilitation and orthopaedic geriatric rehabilitation units. The West of Scotland has been developing a community outreach programme for falls assessment and has a well developed falls service incorporating community rehabilitation, out patient falls assessment with close relationships with secondary prevention services such as osteoporosis therapy.

There is also a very well developed community geriatric subspecialty where trainees can get exposure to early supported discharge teams, liaison meeting with community rehabilitation teams, exposures to specialist nursing home support practices as well as experiencing care and assessment for patients suitable for NHS continuing care. Trainees also have readily available access to placements in Palliative Care and a range of hospices and hospital palliative care teams, specialist Old Age Psychiatry attachments and continence assessment clinics.

A number of the education providers are located in more rural parts of the West of Scotland and offer the experience of working in small community hospitals with specialist GP support. This, combined with busy district general and teaching hospital opportunities, allows a wide range of exposure that can be tailored to the specific requirements of a trainee.

b. How do trainees access these opportunities?

Each trainee will be given an identified Training Programme Director contact in addition to their Educational Supervisor. This will allow them to reflect on their training needs over the five years and to request specific placements subject to availability. In the West of Scotland, there are also 3 one year Stroke CCT programmes advertised annually offering a specialist/subspecialty qualification in addition to the combined CCTs in Geriatric and General Medicine. The West of Scotland has one of the most active thrombolysis services of any health board area and the placement in this specialty year allow attachments to Neurology, Academic Medicine and Clinical Pharmacology as well as to the Academic Department of Geriatric Medicine.

2 a. What opportunities are there for research, audit and teaching?

Trainees in the West of Scotland are encouraged to teach undergraduates at the University of Glasgow and in some attachments students from other Scottish universities. University of Glasgow offers a problem based learning approach and many trainees take the opportunity to undertake special teaching modules to allow them to teach a PBL group. There is also extensive ward based teaching within Departments of Medicine for the Elderly across the West of Scotland and trainees can provide formal and informal teaching in each setting. Postgraduate teaching is also encouraged and opportunities will be offered for training in educational and clinical supervision. Audit is an intrinsic part of the Programme and support will be offered both from Educational Supervisors but also from local Clinical Effectiveness support services. Many of our trainees have done audits across different units and these have been presented at local and national meetings. Trainees are encouraged to undertake original research, each trainee will be given a research mentor within the placement and will also have access to the Academic Department of Geriatric Medicine at Glasgow Royal Infirmary for advice and support. There is one Clinical Academic Lecturer post in the Department that has been appointed by competitive interview from the West of Scotland Trainees. There are also trainees who have undertaken time out of programme to complete MDs and we would continue to support this.

b. How do trainees access these opportunities?

As stated above.
3 a. How are rotations on hospital sites organised?

The Training Programme Director organises the rotations of trainees to the various hospital sites. Trainees are usually placed in hospitals for two years and then rotated but this is subject to service and training needs and trainees are offered the opportunity to express a preference and to provide feedback on the hospitals involved. These are listed above but include a wide range of teaching at busy district general hospitals across the West of Scotland. All hospitals are within 60 minutes commute of the centre of Glasgow.

b. Which hospitals are involved?

As stated above.

c. What degree of choice is there for trainees?

As stated above.

We try to accommodate individual trainee preferences within the constraints of vacant slots.

4. What teaching (e.g. day-release or exam preparation) or learning opportunities (e.g. e-learning, OOPE), are unique to this post or a key feature in the West?

We have a well developed educational programme that delivers full days of training across the year. The programme runs in a rolling programme covering the curriculum over a three year period. This amounts to five training days in Geriatric Medicine and five in General Internal Medicine per annum. Feedback has been extremely positive and trainees are involved in delivering and developing the programme. We have also developed an Evidence Based Medicine Day for all Scottish trainees based in the West of Scotland where trainees at an early stage in their development will examine the evidence for a specific clinical question and present to their peer group. This often forms the basis for future research ideas and has now been supported by the British Geriatric Society Scottish Branch offering a prize for the best presentation.

5. What can trainees expect of their trainers in this post?

Trainers involved in Geriatric Medicine in the West of Scotland are extremely committed to delivering high quality training to higher specialty trainees. We recognise the future of the specialty is in their hands and are keen to pass on our enthusiasm and commitment to the next generation.

6. What are key markers of success? (e.g. exam pass rates. MD, PhD, papers)

We were very proud that all trainees who undertook the Specialty Clinical Examination passed in 2010 and 2011, a 100% pass rate. We have had two trainees who have graduated as MD through research in 2010 indicating the successful output from their research projects. The trainee survey indicated a high level of overall satisfaction with the West of Scotland programme.

7. What additional information would you like to include that may encourage trainees to apply for specialty training in this programme in preference to similar programmes in other parts of the UK?

The West of Scotland is an excellent place to live and work with a varied range of work and social opportunities. The Higher Specialty Training Programme in Geriatric Medicine offers comprehensive training in all areas relevant to the Specialty and has a high level of service development and examples of clinical leadership, improving care for older people in innovative and relevant ways. A high percentage of our trainees remain Consultant colleagues within the West of Scotland and have a high level of commitment to the clinical care that they will ultimately deliver to patients.
Programme Descriptor submitted in 2009-2010

Geriatric Medicine is a well established training programme with good traditions of rotation through subspecialty areas including stroke, falls and syncope, orthopaedic rehabilitation, community and intermediate care, movement disorder with opportunities for time out in research. Local availability of specialised training in stroke.

How to apply

http://www.mmc.scot.nhs.uk/speciality_apply.htm

Deanery Administrative Contacts

<table>
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Specialty Training Committee

<table>
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<tr>
<th>Chair</th>
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<tr>
<td>Professor David Marshall</td>
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<td>Dr Catherine MacLean, Dr Caroline O'Dowd, Dr Colin Perry, Dr Alastair McLeLLan, Dr Alistair Dorward, Dr Stephen Glen, Dr Angela Drummond, Dr Stewart Ferguson, Dr Tim Reilly, Dr Jennifer Burns, Dr Graham Curry, Dr Ellon McGregor, Dr Steve Bicknell, Dr Anne McEntegart, Dr Brian Walker, Professor Kennedy Lees, Dr Brian Neilly, Dr Ashita Waterston, Dr Alok Tyagi, Dr John Tolmie, Professor Mathew Walters, Dr Ray Fox, Dr Bhupinder Panesar, Dr Jan Wallace, Dr Rak Nandwani, Dr Denis O'Reilly, Dr Alastair Leckie, Dr Moira Thomas, Dr Alison Mitchell, Dr Aline Russell, Mr John Breckenridge (Lay Rep), Mr Henry McEwan (Lay Rep)</td>
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Quality of Training

GMC Trainee Survey Information (2011) Link